·									Application or Docket Number						
PATENT APPLICATION FEE DETERMINATION RECO								•							
Effective November 10, 1998										07195791					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY				OTHER THAN			
FC	OR .	· · · · · · · · · · · · · · · · · · ·	NUMBER FILED			NUMBER EXTRA					OR 7	RATE	<del></del>		
	SIC FEE		•						<u>-</u>	7EE 380.00	┨	MAIE	760.00		
<u> </u>		10	)	00					_	300.00	OR		760.00		
Ľ	TAL CLAIMS	13						X\$ 9=		<u>L</u>	OR	X\$18=			
_	EPENDENT C		minus 3 =						X39=		OR	X78=			
MULTIPLE DEPENDENT CLAIM PRESENT								+130=		OR	+260=				
* If the difference in column 1 is less than zero, enter *0* in column 2						•	TOT	AL		OR	TOTAL	760			
CLAIMS AS AMENDED - PART II												OTHER	THAN		
(Column 1) (Column 2) (Column 3)								SMA	LL	ENTITY	OR	SMALL	ENTITY		
AMENDMENT A	3-20-06	CLAIMS REMAINING AFTER			HIGHEST NUMBER REVIOUSLY	PRESENT EXTRA		RAT	Ε	ADDI- TIONAL		RATE	ADDI- TIONAL		
		AMENDMENT	<u> </u>		PAID FOR	2/7				FEE			FEE		
	Total	. 10	Minus		10	=-		X\$ 9	<b>b</b>		OR	X\$18=			
	Independent	· 3	Minus	•••	. 3	-6		X39			OR	xye=/			
	FIRST PRESE	NTATION OF M	ULTIPLE DEI	PEN	DENT CLAIM			+130	_		OR	+260=			
							L		TAL		4	TOTAL			
4	RCF (Selvers 1)							ADDIT. I		<u> </u>	OR	OOIT. FEE			
Н	100	(Column 1) CLAIMS	T		Column 2) HIGHEST	(Column 3)	Г		-,	ADDI-	ı/ı		ADDI-		
AMENDMENT B	(12 50)	REMAINING AFTER			NUMBER REVIOUSLY	PRESENT EXTRA		RATI	Ε	TIONAL	/	RATE	TIONAL		
	0-12-01	AMENDMENT			PAID FOR		┨┠		-	FEE			FEE		
	Total	• 12	Minus	**	20_	= O	L	X\$ 9	=		OR	X\$18=	0		
	Independent	· 3	Minus	***		· O		X39=			OR	X78≃	0		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+130			20	+260=	0		
								+130 TO1			OR	TOTAL	7		
								DOIT. F			OR	ADDIT. FEE	0		
Н	(Column 1) (Column 2) (Column 3) CLAMS HIGHESY														
AMENDMENTC		REMAINING		(	NUMBER	PRESENT		D.477		ADDI-			ADDI-		
		AFTER AMENDMENT			REVIOUSLY PAID FOR	EXTRA	-	RATE		TIONAL FEE		RATE	TIONAL FEE		
	Total	•	Minus	**		=	Γ	X\$ 9:	. ]		OR	X\$18=			
	Independent	*	Minus	***	, <u>, , , , , , , , , , , , , , , , , , </u>	s	t	X39=	7			X78=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								┪		OR				
+130= OR +260=															
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  **OPTI THE "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  **OPTI THE "TOTAL ADDIT. FEE"															
		mber Proviously Pa ber Previously Pai								ropriate box					